

Family Fiduciary Services Company Application Instructions

These instructions have been compiled to assist you in the preparation of the required documents necessary to form a New Hampshire Family Fiduciary Services Company pursuant to NH RSA 392.

I. General Requirements

This Application shall be filed by any family seeking to charter a New Hampshire Family Fiduciary Services company pursuant to NH RSA 392, et. seq. ("Applicant"). The application form shall be filed along with the "Biographical and Financial Report" for **each** individual who will serve as a director, officer or principal shareholder of the proposed Family Fiduciary Services Company. *A principal shareholder is defined as any "person who owns or has the ability or power to vote, directly, acting through one or more other persons, or otherwise indirectly, ten percent (10%) or more of the outstanding shares of any class of voting securities of a company."*

A check in the amount of \$5,000.00, made payable to the State of New Hampshire, shall accompany the application. This is a nonrefundable application fee.

Please submit the original and four copies of the application. Applications **should not** be bound in such a way as to make separation of individual pages or sections difficult.

A Family Fiduciary Services Company is one that does not transact business with the general public, and is limited to transacting business with family members and their interests, as defined by RSA 392:40-a I (b) (1).

The application requires that the applicant provide a copy of the proposed Family Fiduciary Services Company's articles of incorporation or certificate of formation, business plan, capital plan and various other attachments. Applicants may also elect to furnish additional attachments in response to or as additional support for certain questions. All attachments shall be clearly labeled and reference the applicable question of the application, and must be presented in the numerical sequence.

With the exception of signatures, responses should be typewritten or clearly printed, and must be provided for all questions and information the form requires. The words "not applicable" or "none" should be used, if appropriate. Be certain the "Attestation" on page 4 is properly signed and dated.

The Applicant is required to report any material changes in facts or circumstances reported on this form that occur subsequent to filing but prior to conclusion of the application processing period.

Note that the Bank Commissioner ("Commissioner") may request additional information or clarification of any responses in the application. Any such requests must be answered within 30 days; absent valid extenuating circumstances, failure to do so may be construed by the Commissioner to be abandonment of application.

Upon receipt of a completed application, the Commissioner shall examine all relevant facts connected with formation of the proposed Family Fiduciary Services Company. The Banking Department shall process such applications pursuant to RSA 392, and will submit the findings and recommendations to the Board of Trust Company Incorporation for review.

Prior to final approval of the application, the following conditions must be in place and received by the department: proposed capital, surety bond or pledging of securities, and appropriate fidelity insurance

II. Designated Relative

The application requires the Applicant to identify a “designated relative” to provide the Family Fiduciary Services Company’s kinship link for determination of eligibility for designation as a Family Fiduciary Services Company.

III. Confidentiality

Certain parts of the application and supporting materials are considered confidential and not a part of the public record pursuant to NH RSA 392:9-a, and as specifically designated by the Commissioner under RSA 392:40-a III.

Using attachments, Applicant may make specific written request(s) for exemption from specified provisions of Title 35, as listed in RSA 392:40-a III. The reason for requesting exemption shall be provided for each requested exemption. The Bank Commissioner may approve an exemption request in whole or in part, and may impose conditions or limitations on such approval. These conditions or limitations will be noted in the Commissioner’s order.

Family Fiduciary Services Company Application – Part I

Name of proposed Family Fiduciary Services Company

Street address of proposed main office

City

_____, _____
County

_____, _____
State

Zip Code

Individual responsible for answering questions about and coordinating this application:

Name _____ Phone number (_____) _____

Mailing address _____

Registered Agent:

Name _____ Phone number (_____) _____

Mailing address _____

I. Designated Relative

Provide the name and birth date of the individual whose relationship to other individuals determines whether they may be considered family members as defined by NH RSA 392:40-a I (b)(1).

- II. Statutory exemption(s) requested:** Using attachments, Applicant may make specific written request(s) for exemption from provisions of certain statutes as defined in RSA 392:40-a III. The reason for requesting exemption shall be provided for each requested exemption. The Commissioner may approve an exemption request in whole or in part, and may impose conditions or limitations on such approval. These conditions or limitations will be noted in the Commissioner's order.

III. Statement pursuant to NH RSA 392-40-b I (c)

Attach a statement rendered under oath by Applicant's Board of Directors, attesting that Applicant Family Fiduciary Services Company is not currently transacting business with the general public, and will not transact business with the general public without the prior approval of the Bank Commissioner.

IV. Services to be Provided

- A. Attach a schedule of the types of products and services to be offered by the Family Fiduciary Services Company, including a schedule of fees for each product or service.
- B. Will the proposed Family Fiduciary Services Company apply for federal deposit insurance?
☐ Yes ☐ No
If yes, submit a copy of the federal deposit insurance application.

V. Recordkeeping/Accounting/Auditing

- A. Describe the methods the Family Fiduciary Services Company will use for recordkeeping of fiduciary accounts. If computerized, include the type of system(s) to be used, and whether processing will be done on-premises by applicant or by a vendor under contractual agreement.

- B. If processing of fiduciary accounting is to be handled by a vendor, attach copies of any proposed contracts, and provide estimated costs for this processing on an annualized basis.
- C. Provide and describe provisions for continued operations and/or recovery in the event of a disaster affecting the computer accounting and processing system(s).

- D. Describe provisions that have been made or are planned for internal and external auditing of the family fiduciary services company.

VI. Indemnification

Provide a summary of the Applicant's proposed fidelity insurance covering the company, its officers, directors and employees.

VII. Capitalization

- A. Indicate minimum amount of capital required by this Family Fiduciary Services Company.

- B. Provide a description and reconciliation of capital with which the proposed Family Fiduciary Services Company will commence business. Include a specific breakdown and description of any special voting classes of securities, and the terms of any subordinated debt to be included.

Description (Capital Segregation)

Amount (000s)

- C. Attach a copy of the proposed Organizational Instrument (Articles of Incorporation or Certificate of Formation).

VIII. Surety Bond / Pledged Securities (NH RSA 392:25 II, III)

Please indicate whether the Family Fiduciary Services Company will use a surety bond or pledged securities to satisfy the requirements of NH RSA 392:25 II, III. Please do not submit the bond or pledged securities at this time. Once your application has been preliminarily approved you will be instructed to submit the bond or pledged securities. Bond / pledging shall be in place before final approval.

IX. Financial Projections

- A. Attach pro forma summary statements of condition for the proposed Family Fiduciary Services Company's first three years of operation.
- B. Attach pro forma income and expense statements for the proposed Family Fiduciary Services Company's first three years of operation.

Note: Total capital in pro forma statements of condition and profit and loss must reconcile to the initial capitalization noted in Section VII, B above.

Family Fiduciary Services Company Application Part II

X. Business Plan

Attach a copy of the proposed Family Fiduciary Services Company's business plan.

XI. Management

- A. List all directors (managers), specifically designating the Chairman, Vice Chairman, and committee assignments, if known:

- B. Describe plans for the compensation of directors (or managers), if any, including but not limited to fees for attending meetings, retainers, salary, deferred compensation, stock option plans, and insurance benefits.

- C. List all officers, including names, titles, brief description of duties, and proposed salaries.

- D. Describe plans for nonsalary compensation, if any, for nondirector officers, including but not limited to deferred compensation, profit-sharing, stock option plans, bonuses, and insurance benefits.

- E. Attach drafts of any employment contracts to be entered into with any director, member or management official.

- F. Provide the name, address and principal occupation/business of any shareholder who will control 10% or more of any voting class of securities.

- G. Attach financial/biographical statements for each director (manager) and officer listed in A, C, and F above.

Attestation

We, the undersigned organizers (please note that the law requires at least three (3) organizers) hereby apply to the Board of Trust Company Incorporation for a charter to establish and operate a New Hampshire Family Fiduciary Services Company pursuant to NH RSA 392 of the Banking Laws of New Hampshire. In connection with this application, we jointly and severally attest that the responses and information herein provided are complete, true and correct to the best of our knowledge and belief. We acknowledge and understand that any misrepresentation or omission of material fact presented in this application or submitted by the applicants in connection with the organization of this Family Fiduciary Services Company may, in the discretion of the Bank Commissioner or the Board of Trust Company Incorporation, constitute grounds for denial of the application. In witness whereof, we the undersigned organizers have hereunto set our hands and seals on the date(s) indicated (if there are additional organizers please file a supplemental attestation):

Name (Printed)	Signature	Address	Shares or Interest in proposed Trust	Date
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____
_____	_____	_____ _____ _____	_____	_____

Supplemental Attestation

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